

TROY COLE INTERGENERATIONAL PROGRAM AWARDS NOMINATION FORM

Type of Award Applying For:

- ☐ Older Adults working with Youth
☐ One-time program
☐ Ongoing program

- ☐ Youth working with Older Adults
☐ One-time program
☐ Ongoing program

When did activity take place? _____

Name of the program: _____

Cost (optional): _____

Description of Program

1. Describe the purpose of your program:

2. Describe the success of your program in meeting the criteria for this award:

3. Describe any unanticipated benefits of this program:

4. Describe any obstacles you encountered:

Name of Nominee:

Address:

City/State/Zip:

Telephone:

Permission to Release Name: ☐ Yes ☐ No

Name of Nominator:

Address:

City/State/Zip:

Telephone (day):

Telephone (evening):

Scoring is based on the following criteria:

Section 1	25 pts
Section 2	40 pts
Section 3	20 pts
Section 4	10 pts
Following guidelines	5 pts

SUBMIT COMPLETED FORMS TO:

Bureau of Senior Programs
Dept. of Health and Senior Services
3418 Knipp Dr.
P.O. Box 570
Jefferson City MO 65102
FAX: 573/751-8687

**NOMINATIONS MUST BE POSTMARKED NO LATER THAN
DECEMBER 31, 2004**